

EXHIBIT D

Part 10

copy

Feb 28, 2008

Irving H. Picard, Esq

Trustee for Bernard Madoff Investment Securities LLC

Claims Processing Center

2100 McKinney Ave

Suite 800

Dallas TX 75201

RE: Westport National Bank Account number 1-W0106-3-0

Renee Ridzon Retirement Plan, account number 61005027300

To: Irving H. Picard

In accordance with your instructions, please find enclosed

- 1) Completed claim form-Documents A
- 2) Documented of value of account as determined by calculation by multiplying the total percent share of total units held (Individual Account Statement-Documents B) by the total value held by Westport National Bank (Bernard L. Madoff Account Statement-Documents C)
$$0.000433 \times \$ 60,740,251.25 = \$26,300.00$$
- 3) Documentation of deposits into the account, Westport National Bank Receipts and Disbursements-Documents D and Letter to Renee Ridzon from PSCC dated May 13, 2008 documenting the total amount deposited into the account-Documents E
\$7,308.00 as stated in May 13 2008 letter-Documents E.
- 4) Record of transactions for the account-Documents F

Please do not hesitate to contact me with questions or if further information is needed

Contact information

Renee Ridzon

1230 5th Ave N

Apt 201

Seattle WA 98109

Cell-206 310 6573, Work-206 709 3100 or 206 709 3383, Home-206 352-2981

Email-renee.ridzon@gatesfoundation.org

Renee Ridzon

Doc A.

CUSTOMER CLAIM

Claim Number _____

Date Received _____

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

Provide your office and home telephone no.

OFFICE: 206 709 3383

HOME: 206 310 6573

Taxpayer I.D. Number (Social Security No.)



Account Number: 1W0106
WESTPORT NATIONAL BANK
ATTN: DENNIS P CLARK V.P
1495 POST ROAD EAST
WESTPORT, CT 06880

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of **December 11, 2008**:
- a. The Broker owes me a Credit (Cr.) Balance of \$ 26,300.00
- b. I owe the Broker a Debit (Dr.) Balance of \$ _____

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

	<u>YES</u>	<u>NO</u>
3. Has there been any change in your account since December 11, 2008? If so, please explain.	_____	✓ _____
4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?	_____	✓ _____
5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?	_____	✓ _____
6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	_____	✓ _____
7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.	_____	✓ _____
8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.	_____	✓ _____

Feb 28, 2008

Irving H. Picard. Esq

Trustee for Bernard Madoff Investment Securities LLC

Claims Processing Center

2100 McKinney Ave

Suite 800

Dallas TX 75201

RE: Westport National Bank Account number 1-W0106-3-0

Renee Ridzon IRA account number 69001134300

To: Irving H. Picard

In accordance with your instructions, please find enclosed

- 1) Completed claim form-Documents A
- 2) Documented value of account as determined by calculation by multiplying the total percent share of total units held (Individual Account Statement-Documents B) by the total value held by Westport National Bank (Bernard L. Madoff Account Statement-Documents C)
$$0.00716 \times \$ 60,740,251.25 = \$43,490.00$$
- 3) Documentation of deposits into the account, Westport National Bank Receipts and Disbursements-Documents D and Letter to Renee Ridzon from PSCC dated May 13, 2008 documenting the total amount deposited into the account-Documents E
\$30,000.00 as tabulated from Receipts and Deposits-Documents D
- 4) Record of transactions for the account-Documents F

Please do not hesitate to contact me with questions or if further information is needed

Contact information

Renee Ridzon

1230 5th Ave N

Apt 201

Seattle WA 98109

Cell-206 310 6573, Work-206 709 3100 or 206 709 3383, Home-206 352 2981

Email-renee.ridzon@gatesfoundation.org

Doc. A

CUSTOMER CLAIM

Claim Number _____

Date Received _____

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

Provide your office and home telephone no.

OFFICE: 306 709 3383

HOME: 206 310 6573

Taxpayer I.D. Number (Social Security No.)



Account Number: 1WD106
WESTPORT NATIONAL BANK
ATTN: DENNIS P CLARK V.P
1495 POST ROAD EAST
WESTPORT, CT 06880

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of **December 11, 2008**:
- a. The Broker owes me a Credit (Cr.) Balance of \$ 43490.00
- b. I owe the Broker a Debit (Dr.) Balance of \$ _____

- c. If you wish to repay the Debit Balance,
please insert the amount you wish to repay and
attach a check payable to "Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC."
If you wish to make a payment, **it must be enclosed**
with this claim form. \$ _____

- d. If balance is zero, insert "None." _____

2. Claim for securities as of **December 11, 2008**:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- | | YES | NO |
|---|-----|----|
| a. The Broker owes me securities | ✓ | |
| b. I owe the Broker securities | | ✓ |
| c. If yes to either, please list below: | | |

Date of Transaction (trade date)	Name of Security	Number of Shares or Face Amount of Bonds	
		The Broker Owes Me (Long)	I Owe the Broker (Short)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

	<u>YES</u>	<u>NO</u>
3. Has there been any change in your account since December 11, 2008? If so, please explain.	_____	_____✓
4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?	_____	_____✓
5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?	_____	_____✓
6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	_____	_____✓
7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.	_____	_____✓
8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.	_____	_____✓

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker. _____ ✓

Please list the full name and address of anyone assisting you in the preparation of this claim form: _____

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 2/28/08 Signature Renee Ridge
Date _____ Signature _____

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

copy

Feb 28, 2008

Irving H. Picard, Esq

Trustee for Bernard Madoff Investment Securities LLC

Claims Processing Center

2100 McKinney Ave

Suite 800

Dallas TX 75201

RE: Westport National Bank Account number 1-W0106-3-0

Renee Ridzon Roth IRA, account number 69003026300

To: Irving H. Picard

In accordance with your instructions, please find enclosed

- 1) Completed claim form-Document A
- 2) Documented of value of account as determined by calculation by multiplying the total percent share of total units held (Individual Account Statement-Document B) by the total value held by Westport National Bank (Bernard L. Madoff Account Statement-Document C)
$$0.002218 \times \$ 60,740,251.25 = \$134,781.00$$
- 3) Documentation of deposits into the account, Westport National Bank Receipts and Disbursements-Document D and Letter to Renee Ridzon from PSCC dated May 13, 2008 documenting the total amount deposited into the account-Document E
\$27,151.79 as stated in May 18, 2008 letter-Document D
- 4) Record of transactions for the account-Document F

Please do not hesitate to contact me with questions or if further information is needed

Contact information

Renee Ridzon

1230 5th Ave N

Apt 201

Seattle WA 98109

Cell-206 310 6573, Work-206 709 3100 or 206 709 3383, Home-206 352 2981

email

renee.ridzon@gatesfoundation.org

Renee Ridzon

POC.A

CUSTOMER CLAIM

Claim Number _____

Date Received _____

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

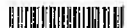
Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

Provide your office and home telephone no.

OFFICE: 206 709 3383

HOME: 206 310 6573

Taxpayer I.D. Number (Social Security No.)



Account Number: 1W0106
WESTPORT NATIONAL BANK
ATTN: DENNIS P CLARK V.P
1495 POST ROAD EAST
WESTPORT, CT 06880

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of **December 11, 2008**:

a. The Broker owes me a Credit (Cr.) Balance of \$ 134,781.00
b. I owe the Broker a Debit (Dr.) Balance of \$ _____

- c. If you wish to repay the Debit Balance,
please insert the amount you wish to repay and
attach a check payable to "Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC."
If you wish to make a payment, **it must be enclosed**
with this claim form. \$ _____

- d. If balance is zero, insert "None." _____

2. Claim for securities as of **December 11, 2008**:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities | <u>✓</u> | _____ |
| b. I owe the Broker securities | _____ | _____ |
| c. If yes to either, please list below: | | |

*See
enclosed
sheets*

Date of Transaction (trade date)	Name of Security	Number of Shares or Face Amount of Bonds	
		The Broker Owes Me (Long)	I Owe the Broker (Short)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

	<u>YES</u>	<u>NO</u>
3. Has there been any change in your account since December 11, 2008? If so, please explain.	_____	_____✓
4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?	_____	_____✓
5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?	_____	_____✓
6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	_____	_____✓
7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.	_____	_____✓
8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.	_____	_____✓

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker. _____ ✓

Please list the full name and address of anyone assisting you in the preparation of this claim form: _____

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 2/28/08 Signature Renee Ridgely
Date _____ Signature _____

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

CUSTOMER CLAIM

Claim Number _____

Date Received _____

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

Provide your office and home telephone no.

OFFICE: 508-990-3575

HOME: 508-992-0880

Taxpayer I.D. Number (Social Security No.)

ACCOUNT INFORMATION

Account Number: 1W0106
WESTPORT NATIONAL BANK
ATTN: DENNIS P CLARK V.P
1495 POST ROAD EAST
WESTPORT, CT 06880

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of **December 11, 2008**:
- a. The Broker owes me a Credit (Cr.) Balance of \$ 300,714.72
- b. I owe the Broker a Debit (Dr.) Balance of \$ _____

c. If you wish to repay the Debit Balance,
 please insert the amount you wish to repay and
 attach a check payable to "Irving H. Picard, Esq.,
 Trustee for Bernard L. Madoff Investment Securities LLC."

If you wish to make a payment, it must be enclosed
 with this claim form. \$ _____

d. If balance is zero, insert "None." _____

2. Claim for securities as of **December 11, 2008**:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

	<u>YES</u>	<u>NO</u>
a. The Broker owes me securities	<u>X</u>	_____
b. I owe the Broker securities	_____	<u>X</u>
c. If yes to either, please list below:		

Date of Transaction (trade date)	Name of Security	Number of Shares or Face Amount of Bonds	
		The Broker Owes Me (Long)	I Owe the Broker (Short)
_____	1046.9909 units Westport National Bank Custodian BLM		
_____	Account No.: 1-W0106-3-0		
_____	See Statement Attached		
_____	Total value as of 11-30-2008	\$300,714.72	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

WESTPORT NATIONAL BANK
 as Custodian
 BLMIS Account # 1-W0106-3-0

INDIVIDUAL ACCOUNT STATEMENT

DATE: 11/30/09

<u>WNB Account #</u>		69 00 1104 3 00
<u>Account Name</u>		JUDITH M SOUZA ROLLOVER IRA
# of Units		1046.9909
% share of total units		0.005101
<u>Name of Security:</u>	<u>No of Securities (Note 1)</u>	
AT & T		438.7485
Abbott Labs		118.7847
Altria Group		153.2788
Amgen Inc.		80.2885
Apple Inc.		65.8914
Bank of America		378.9489
Bank of NY Mellon		85.8338
Baxter Int'l		45.9518
Boeing		51.6187
Bristol Myers Squibb		148.1384
CVS Caremark		107.7310
Chevron Corp		155.4375
Cisco Systems		440.8857
CITI Group		409.0881
Coca Cola		148.1384
Colgate Palmolive		4.2335
Comcast Corp. CL A		216.3700
Conoco Phillips		115.0301
Walt Disney		141.2219
Exelon Corp.		5.9270
Exxon Mobile Corp		392.9937
General Electric		784.3436
Goldman Sachs Group		27.9669
Google		14.5981
Hewlett Packard		184.8337

WESTPORT NATIONAL BANK
as Custodian
BLMIS Account # 1-W0106-3-0

Part 10 Pg 18 of 30
INDIVIDUAL ACCOUNT STATEMENT

DATE: 11/30/08

WNB Account #	69 00 1104 3 00
Account Name	JUDITH M SOUZA ROLLOVER IRA
Home Depot	128.7814
Intel Corp.	419.4527
Int'l Business Machines	102.1866
J.P. Morgan Chase	277.3636
Johnson Johnson	209.9176
Kraft Foods	114.1834
McDonalds Corp.	64.9972
Medtronic	85.5339
Merck	160.5789
Microsoft Corp.	588.6211
Occidental Petro	63.9368
Oracle Corp.	296.6594
PepsiCo Inc.	110.7847
Pfizer Inc.	506.1945
Phillip Morris	155.8200
Proctor & Gamble	226.4236
Qualcomm Inc.	124.0837
Schlumberger	89.7461
3M Company	51.0933
Time Warner	31.3282
U S Bancorp	131.3828
United Parcel SVC ClassB	72.9904
United Tech. Corp.	72.9904
Verizon Comm.	212.0752
Wal Mart Stores	167.8780
Wells Fargo	252.4010
Wyeth	11.8539

WESTPORT NATIONAL BANK
 as Custodian
 BLMIS Account # 1-W0108-3-0

Part 10 Pg 19 of 30
 INDIVIDUAL ACCOUNT STATEMENT

DATE: 11/30/08

WNB Account #		88 00 1104 3 00
Account Name		JUDITH M SOUZA ROLL OVER IRA
Fidelity Spartan Money Market		134.7033
S & P100 Index Dec 430 Call		6.4523
S & P100 Index Dec 420 Put		6.4523
S & P 100 Index Dec 380Call		0.8467
S & P 100 Index Dec 380Call		0.8467
Note 1: The transactions giving rise to the Number of Securities are detailed in the Final BLMIS Statement delivered to WNB.		

Information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

- | | <u>YES</u> | <u>NO</u> |
|---|-------------|-------------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain. | _____ | _____X_____ |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker? | _____ | _____X_____ |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____ | _____X_____ |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s) | _____ | _____X_____ |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming. | _____ | _____X_____ |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers. | _____X_____ | _____ |

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker. _____ X

Please list the full name and address of anyone assisting you in the preparation of this claim form: Joseph E. Perry, Esq., 100 Eighth Street
New Bedford, MA 02740

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 2/27/09

Signature

Judith M. Seizo

Date _____

Signature _____

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

8. Robert L. Silverman
PSCC Service, Inc.
1175 Post Road East
Westport CT 06880
203-226-4238

CUSTOMER CLAIM

Claim Number _____

Date Received _____

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

Provide your office and home telephone no.

OFFICE: _____ 508-990-3575

HOME: _____ 508-992-0880

Taxpayer I.D. Number (Social Security No.)



Account Number: 1W0106
WESTPORT NATIONAL BANK
ATTN: DENNIS P CLARK V.P
1495 POST ROAD EAST
WESTPORT, CT 06880

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of **December 11, 2008**:
- a. The Broker owes me a Credit (Cr.) Balance of \$ 33,543.75
 - b. I owe the Broker a Debit (Dr.) Balance of \$ _____

- c. If you wish to repay the Debit Balance,
 please insert the amount you wish to repay and
 attach a check payable to "Irving H. Picard, Esq.,
 Trustee for Bernard L. Madoff Investment Securities LLC."

If you wish to make a payment, it must be enclosed
 with this claim form. \$ _____

- d. If balance is zero, insert "None." _____

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities | <u>X</u> | _____ |
| b. I owe the Broker securities | _____ | <u>X</u> |
| c. If yes to either, please list below: | | |

Date of Transaction (trade date)	Name of Security	Number of Shares or Face Amount of Bonds	
		The Broker Owes Me (Long)	I Owe the Broker (Short)
_____	116,7564 units Westport National Bank Custodian BLM		
_____	Account No.: 1-W0106-3-0		
_____	See statement attached		
_____	Total value as of 11-30-2008	\$33,543.73	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

WESTPORT NATIONAL BANK
 as Custodian
 DLMIS Account # 1-W0106-3-0

INDIVIDUAL ACCOUNT STATEMENT

DATE: 11/30/08

WNB Account #		69 00 3032 3 00
Account Name		JUDITH M SOUZA ROTH IRA
# of Units		116.7584
% share of total units		0.000589
Name of Security:		No of Securities (Note 1)
AT & T		48.9275
Abbott Labs		13.0239
Allria Group		17.0932
Amgen Inc.		8.9536
Apple Inc.		7.3257
Bank of America		42.0359
Bank of NY Mellon		9.5719
Baxter Int'l		5.1244
Boeing		5.7563
Bristol Myers Squibb		16.5198
CVS Caremark		12.0137
Chevron Corp.		17.3338
Cisco Systems		49.1659
CITI Group		45.6199
Coca Cola		16.5198
Colgate Palmolive		0.4721
Comcast Corp. CL A		24.1287
Conoco Phillips		12.8277
Walt Disney		15.7485
Exelon Corp.		0.6610
Exxon Mobile Corp		43.7582
General Electric		87.4670
Goldman Sachs Group		3.1188
Google		1.6279
Hewlett Packard		20.5896

WESTPORT NATIONAL BANK
 as Custodian
 BLMIS Account # 1-W0106-3-0

INDIVIDUAL ACCOUNT STATEMENT

DATE: 11/30/08

WNB Account #	68 00 3032 3 00
Account Name	JUDITH M SOUZA ROTH IRA
Home Depot	14.3612
Intel Corp.	46.7758
Int'l Business Machines	11.3955
J.P. Morgan Chase	30.9305
Johnson Johnson	23.4092
Kraft Foods	12.7333
McDonalds Corp.	9.4774
Medtronic	9.5719
Merck	17.9071
Microsoft Corp.	65.6408
Occidental Petro	7.1300
Oracle Corp.	33.0823
Pepsico Inc.	13.0234
Pfizer Inc.	58.4489
Phillip Morris	17.3765
Proctor & Gamble	25.1384
Qualcomm Inc.	13.8373
Schlumberger	10.0081
3M Company	5.6977
Time Warner	3.4936
U S Bancorp	14.6513
United Parcel SVC ClassB	8.1386
United Tech. Corp.	8.1386
Verizon Comm.	23.6498
Wal Mart Stores	18.7211
Wells Fargo	26.1468
Wyeth	1.9219

WESTPORT NATIONAL BANK
as Custodian
BLMIS Account # 1-W0106-3-0

INDIVIDUAL ACCOUNT STATEMENT

DATE: 11/30/08

WNB Account #	69 00 3032 3 00
Account Name	JUDITH M SOUZA ROTH IRA
Fidelity Spartan Money Market	15.0218
S & P100 Index Dec 430 Call	0.7185
S & P100 Index Dec 420 Put	0.7185
S & P 100 Index Dec 380Call	0.0944
S & P 100 Index Dec 380Call	0.0944
Note 1: The transactions giving rise to the Number of Securities are detailed in the Final BLMIS Statement delivered to WNB.	

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

- | | <u>YES</u> | <u>NO</u> |
|---|-------------|-------------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain. | _____ | _____X_____ |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker? | _____ | _____X_____ |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____ | _____X_____ |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s) | _____ | _____X_____ |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming. | _____ | _____X_____ |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers. | _____X_____ | _____ |

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker. _____ X

Please list the full name and address of anyone assisting you in the preparation of this claim form: Joseph E. Perry, Esq.
100 Eighth Street, New Bedford, MA 02740

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THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 2/27/09 Signature *Leslie M. Looney*
Date _____ Signature _____

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

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